

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total No. of Pages in this Submission: 2

Application Number	10/566,305	
Confirmation Number		
Filing Date	with an effective filing date of July 27, 2004	
First Named Inventor	James M. DAVENPORT, James N. CURTI, Barry CRANDALL and Peter W. SALTER	
Group Art Unit	3771	
Examiner Name	Clinton T. OSTRUP	Fax: (571) 273-8300

Attorney Docket Number

SALTER P47AUSP1

ENCLOSURES (check all that apply)

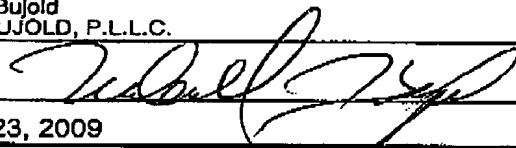
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment papers	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> (in Duplicate)	<input type="checkbox"/> (for an Application)	<input type="checkbox"/>
<input type="checkbox"/> Fee attached - Check \$	<input type="checkbox"/> Drawing(s) -Annotated Sheet(s) Replacement Sheet(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
[1]	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> After Final	<input type="checkbox"/> To Convert a Provisional Petition	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address ..	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	
(in Duplicate)	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Stmt		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Part/s Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
-------------------------	---	--

Signature

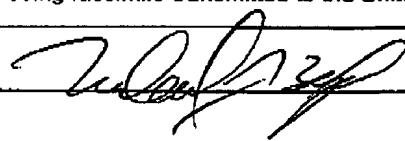


Date October 23, 2009

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on October 23, 2009.

Signature



Date: October 23, 2009 (amp)